



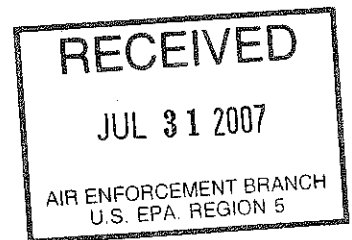
Winnebago Landfill Company, LLC

5450 Wansford Way, Suite 201 • Rockford, IL 61109 • Tel: (815) 963-7516 • Fax: (815) 381-5647

July 27, 2007

Ms. Julie Armitage
Compliance Section (MC 40)
Division of Air Pollution Control
Illinois Environmental Protection Agency
1021 North Grand Avenue East
Springfield, Illinois 62794

RE: Semi-annual Startup, Shutdown and Malfunction (SSM) Report
Winnebago Landfill
CAAPP Permit No. 99020102; Facility ID No. 201801AAF
Reporting Period: January 1, 2007 through June 30, 2007



Dear Ms. Armitage:

Winnebago Reclamation Service respectfully submits this report in accordance with 40 CFR 63.10(d)(5)(i) and CAAPP Permit Condition 5.2.5. The Winnebago Landfill is subject to the National Emissions Standards for Hazardous Air Pollutants for Municipal Solid Waste Landfills, being 40 CFR Part 63 Subparts A and AAAA (NESHAP).

In accordance with 40 CFR §63.10(d)(5) this semi-annual report contains information pertaining to the facility's compliance with the procedures in their SSM Plan during SSM events. This report covers the reporting period January 1, 2007 through June 30, 2007.

For the reporting period, 13 start-up (6 - North Flare and 7 - South Flare) and 13 shutdown (6 - North Flare and 7 - South Flare) events occurred. The actions taken at the facility for all SSM events during the reporting period January 1, 2007 through June 30, 2007 were consistent with the procedures listed in the SSM Plan at the facility. Additionally, there were several automated start-up and shutdown events during which the flare functioned automatically (unattended) under normal operating conditions. No human intervention was required to address these events. Records are maintained at the facility and available for review.

During the reporting period, six malfunction events occurred. The actions taken at the facility for these events during the reporting period were consistent with the procedures listed in the SSM Plan at the facility. Records are maintained at the facility and available for review. Table 1 contains the date, duration, and description of all malfunction events for the reporting period. The malfunctions listed in Table 1 may have had a startup and shutdown which have not been included in the count of startups and shutdowns listed above.

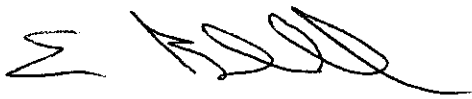
Ms. Julie Armitage
IEPA – DAPC
July 26, 2007
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During the reporting period January 1, 2007 through June 30, 2007, there were no revisions made to the SSM Plan at the facility.

Attached is certification by the Responsible Official. If you have any questions regarding this Semi-annual SSM Report, please contact me at 815-381-5649.

Sincerely,

WINNEBAGO RECLAMATION SERVICE



Evan Buskohl
Environmental Manager

Attachments: Table 1 - Description of Malfunction Events
CAAPP 400 Form

cc: Peoria Regional Office – IEPA-DAPC
George Czerniak – USEPA Region V
Bridgette Chapman - Cornerstone Environmental Group, LLC
Khaled Mahmood, Cornerstone Environmental Group, LLC
Tom Hilbert, Winnebago Reclamation Service

Table 1
Description of all Malfunction Events
Reporting Period January 1, 2007 through June 30, 2007

Date(s) of Event	Duration of Event	Equipment Affected*	Description of Malfunction (include actions taken to correct a malfunction if any emission limitation is potentially exceeded)	Were SSM Plan Procedures Followed (Y/N)	Emission Limit Exceeded or Potentially Exceeded (Y/N)**
1/4/2007 – 1/5/2007	10 hours	South Flare and Blower Recording Device	No data was recorded by the temperature and flow recording device. Possibly related to a power surge or failure.	Y	N
3/18/2007 – 3/19/2007	17.5 hours	South Flare and Blower	Blower belts broke causing shutdown of equipment.	Y	N
3/26/2007 – 3/27/2007	10.5 hours	South Flare and Blower	Power outage caused by an electrical surge. Equipment automatically shutdown.	Y	N
1/4/2007 – 1/5/2007	17.5 hours	North Flare and Blower	Power outage caused flare to shutdown.	Y	N
2/6/2007 – 2/8/2007	48.5 hours	North Flare and Blower	Blower belts broke causing shutdown of equipment.	Y	N
3/22/2007	12.5 hours	North Flare and Blower	Unknown cause of equipment shutdown. Possibly related to a power outage.	Y	N

* Control Device, Continuous Monitoring System, or Collection System

**If the Malfunction Event caused *or may have caused* an emission limitation to be exceeded (i.e., raw LFG released to air) then enter YES.



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION
P.O. BOX 19506
SPRINGFIELD, ILLINOIS 62794-9506

FOR APPLICANT'S USE

Revision #: _____
Date: ____ / ____ / ____
Page ____ of ____
Source Designation: _____

**COMPLIANCE AND GENERAL
REPORTING FORM**

FOR AGENCY USE ONLY

ID NUMBER: _____

PERMIT #: _____

DATE: _____

THIS FORM IS USED FOR EITHER OF THE FOLLOWING:

- TO REPORT AND CERTIFY COMPLIANCE OF AN ENTIRE SOURCE OR SPECIFIC ITEMS OF EQUIPMENT WITH ALL APPLICABLE REQUIREMENTS DURING A REPORTING PERIOD, OR
- TO IDENTIFY AND ENSURE PROPER PROCESSING OF A SUBMITTED REPORT. THIS FORM SHOULD BE USED AS THE COVER SHEET OF THE SUBMITTED REPORT.

SOURCE INFORMATION

1) SOURCE NAME:

Winnebago Landfill

2) DATE FORM
PREPARED:

July 22, 2007

3) SOURCE ID NO.
(IF KNOWN):

201801AAF

GENERAL INFORMATION

4) INDICATE FOR WHICH OF THE FOLLOWING THIS FORM IS BEING COMPLETED:

☐ TO REPORT AND CERTIFY COMPLIANCE OF THE SOURCE OR SPECIFIC ITEMS OF EQUIPMENT WITH ALL APPLICABLE REQUIREMENTS

☒ TO IDENTIFY AND ENSURE PROPER PROCESSING OF A SUBMITTED REPORT

5) PERIOD COVERED BY THIS REPORT:

FROM: 01 / 01 / 2007

TO: 06 / 30 / 2007

6) NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR QUESTIONS REGARDING THIS REPORT:

NAME: Evan Buskohl

TITLE: Environmental Manager

PHONE#: (815) 381-5649 EXT: _____

RECEIVED

JUL 31 2007

AIR ENFORCEMENT BRANCH
U.S. EPA. REGION 5

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

APPLICATION PAGE 1

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400-CAAPP

FOR APPLICANT'S USE

COMPLIANCE OF SOURCE OR EQUIPMENT DURING REPORTING PERIOD

- COMPLETE ITEM 7 BELOW IF THIS FORM IS BEING USED TO REPORT AND CERTIFY COMPLIANCE OF THE ENTIRE SOURCE.
- COMPLETE ITEM 8 BELOW IF THIS FORM IS BEING USED TO REPORT AND CERTIFY COMPLIANCE OF SPECIFIC ITEMS OF EQUIPMENT ONLY.

7) WAS THE SOURCE IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS FOR THE ☐ Yes ☐ No
ENTIRE REPORTING PERIOD?

IF YES, THEN THE "REPORT INFORMATION" SECTION ON PAGE 3 OF THIS FORM DOES NOT NEED TO BE COMPLETED.

IF NO, THEN COMPLETE AND SUBMIT FORM CAAPP-405 - "EXCESS EMISSIONS, MONITORING EQUIPMENT DOWNTIME, AND MISCELLANEOUS REPORTING FORM."

8a) LIST THE EMISSION UNIT(S) AND CONTROL EQUIPMENT FOR WHICH THIS FORM IS BEING COMPLETED TO REPORT AND CERTIFY COMPLIANCE WITH (IF ADDITIONAL SPACE IS NEEDED FOR ITEM 10, ATTACH AND LABEL AS EXHIBIT 400-A):

b) IDENTIFY THE APPLICABLE REQUIREMENT(S) FOR WHICH THIS FORM IS BEING USED TO REPORT AND CERTIFY COMPLIANCE WITH:

c) IDENTIFY THE APPLICABLE REQUIREMENT(S) WHICH REQUIRE THAT THIS REPORT OR CERTIFICATION BE SUBMITTED:

d) WERE THE ABOVE REFERENCED ITEMS IN 8(a) IN COMPLIANCE WITH ALL ☐ Yes ☐ No
APPLICABLE REQUIREMENTS FOR THE ENTIRE REPORTING PERIOD?

IF YES, THEN THE "REPORT INFORMATION" SECTION ON PAGE 3 OF THIS FORM DOES NOT NEED TO BE COMPLETED.

IF NO, THEN COMPLETE AND SUBMIT FORM CAAPP-405 - "EXCESS EMISSIONS, MONITORING EQUIPMENT DOWNTIME, AND MISCELLANEOUS REPORTING FORM."

REPORT INFORMATION

9) TITLE OF REPORT BEING SUBMITTED:

Semi-Annual Startup, Shutdown, & Malfunction Report

10) IDENTIFY THE APPLICABLE REQUIREMENT(S) WHICH REQUIRES THIS REPORT (IF APPLICABLE):

40 CFR 63.10 (d) (5) (i)
Permit Condition 5.2.5 (a) and (c) of CAAPP Permit No. 99020102

11) BRIEFLY EXPLAIN WHAT THIS REPORT COVERS:

The Semi-Annual Startup, Shutdown, & Malfunction (SSM) Report summarizes actions taken by an owner or operator during a startup, shutdown, or malfunction, in accordance with the SSM Plan, during the specified monitoring period. The report also includes the number, duration, and a brief description for each type of malfunction which occurred during the reporting period. The report states whether these actions were consistent with the procedures specified in the SSM Plan required monitoring results as specified in the conditions of the permit, and details instances not consistent with the SSM Plan, pursuant to the requirements of 40 CFR 63.10 (d) (5) (i).

12) ATTACH THE REPORT TO THIS FORM.

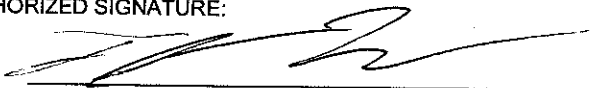
SIGNATURE BLOCK

NOTE: THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFICIAL. APPLICATIONS WITHOUT A SIGNED CERTIFICATION WILL BE RETURNED AS INCOMPLETE.

13) I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.

AUTHORIZED SIGNATURE:

BY:



AUTHORIZED SIGNATURE

Thomas Hilbert
TYPED OR PRINTED NAME OF SIGNATORY

Vice President
TITLE OF SIGNATORY

07 / 27 / 2007
DATE